

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/424521** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5						
6		/				
7						
8	/					
9		/				
10						
11		/				
12						
13						
14		/				
15	/					
16		/				
17						
18		/				
19						
20		/				
21						
22		/				
23						
24		/				
25	/					
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32	/					
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39	/					
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND. **8** TOTAL DEP. **44** TOTAL CLAIMS **52**